

**PLANNING
COMMUNITY BASED REHABILITATION
AT STATE LEVEL**



CBR NETWORK

(South Asia)

A NGO movement bridging the gaps....

Community Based Rehabilitation treats the family as a unit, not the individual. It is holistic because it has a focus on meeting the needs of all people with disabilities...without disintegrating them from their families and the communities.....

We are differently abled not disabled.....

CBR Partnership Market

The partnership market functions as a matrimonial bureau matching offers and requests of both Government and NGOs. Some of the broad areas where the exchange is taking place are training, technical support, planning and management of CBR at Government and NGO levels, information on resource persons, funding agencies, publication, etc.

CBR Research

We are promoting CBR Research in the areas of CBR, integrated education, integration into mainstream development programs, public policies with a focus on scaling up of basic rehabilitation services, advocacy and empowerment of people with disability and their families, Government policies, impact of CBR in enhancing the participation of people with disabilities.

CBR Network : A Self Help Movement

A majority of people with disabilities live in South Asia and NGOs in the region are addressing various issues concerning People With Disabilities (PWD).

CBR Network was started in 1993 to break the isolation of NGOs, and to promote sharing of knowledge, skills, experiences, success, failure, and to influence policy makers for favourable policies.

CBR Network also promotes positive linkages between Government and NGOs facilitating full participation of PWDs.

CBR how it works

CBR is a strategy, that recognizes the community's strengths and facilitates empowerment and inclusion of people with disabilities in all mainstream development programs without disintegrating them from family and community.

NGO database

There are over several thousand NGOs in South Asia. Some have formal entities but a large number of them work in informal settings. CBR Network is developing and updating a database on NGOs and voluntary groups. This database gives information about NGOs, their works, their needs, and what they can offer to others.

From Panchayat to Parliament - Book 3

PLANNING COMMUNITY BASED REHABILITATION AT STATE LEVEL

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134, 1st Block, 6th main
3rd Phase, 3rd Stage
Bananashankari
Bangalore 560 085.



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Prologue

The concept of Community-Based Rehabilitation (CBR) was mooted by the World Health Organization (WHO) when the technical reports of 1958 and 1969 suggested that rehabilitation services must be considered as a natural and essential part of health care services. CBR springs from within the community, building upon existing strengths. Perhaps the most widely accepted definition of CBR is "Community-based Rehabilitation (CBR) is a strategy for enhancing the quality of life of disabled people by improving service-delivery, by providing more equitable opportunities and by promoting and protecting their human rights."

CBR builds on community initiatives and local resources. It seeks to mobilize disabled people and their families and to promote the widest possible inclusion of them in mainstream rural and urban development. CBR is a multi-sectoral and multi-pronged strategy, enveloping all areas of sustainable human development. Research work and inroads have been made in sectors such as technical support, funding and influencing public policies with regard to people with disability. But this information is scattered and not accessible to all at the appropriate time.

A CBR system has been shown to have low costs, yet provide effective results. Through a system that builds on their inclusion in regular schools, mainstream training, employment and other development schemes, people with disability will be better integrated in their societies. Finally, people with disability will become independent, self-reliant and productive members of the society.

This book is an attempt to give a broader vision, perspective and understanding of what is happening under the umbrella

of CBR. We have gathered relevant material from authentic sources and presented CBR not just as an effective strategy but as a tool for complete integration of people with disability. The focus is on work done and progress made in various sectors. Collecting and collating material seemed an onerous task, but with the unstinting help and support of organizations and individuals our efforts have taken a concrete shape. At the end of it we realized that there are still miles to go Let us take one step at a time and globalize Community-Based Rehabilitation.

UNDERSTANDING CBR

“Community-Based Rehabilitation (CBR) is a strategy for enhancing the quality of life of disabled people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights.”

Community-based rehabilitation builds on community initiatives and local resources. It seeks to mobilize disabled people and their families and to promote the widest possible inclusion of them in mainstream rural and urban development. The community initiatives need to be backed up by technical and administrative support.

Many National/State governments are taking measures to develop rehabilitation services to people with disabilities. It is not possible to set up separate services for separate sets of people with disabilities, as it would prove to be too expensive. The other argument is that good quality of services can be given using CBR approach, which has been successfully demonstrated by NGO initiatives.

NGO approaches are very successful. However when Governments plan CBR there is a need for some modifications in planning.

This booklet gives information and guidelines on how to plan CBR services at national/state levels.

1. Objective

The development objective of a State Plan for CBR may be formulated as follows:

“To promote development that will eventually lead to equality and full participation of persons with disabilities in community life”

The detailed objectives for a State programme for people with disabilities (PWDs) would be to provide the resources needed to:

- a. Enhance PWDs participation in mainstream, sustainable human development programmes.
- b. Implement a community-based rehabilitation programme that will be responsible for the services and initiatives necessary to prepare people with disabilities for their participation in community life;
- c. Promote and protect the rights of disabled citizens.

2. Immediate Measures

In relation to the immediate objectives there will be the following outputs:

- a. Training of all technical and administrative personnel and provision of all other resources needed for the implementation of the programme;
- b. The setting up of a system for delivery of services that will reach the disabled citizens. This system will work at all levels from the local Panchayats to the State, in full coordination with other sectors of public services, such as education, health, labour, rural development, etc.
- c. Elimination or reduction of the physical, psychological, economic and social dependency of persons with disabilities.

3. STRATEGY FOR SERVICE DELIVERY

a. Personnel at State, District and Taluk levels

In spite of all hypothetical opportunities available to PWDs not much will happen, unless a special effort is made to include them. It will thus be necessary to set up a service delivery system that will look after their needs. If we want services to reach disabled people, support is needed from the community leadership and from personnel that has been prepared to take responsibility for the action needed. An example of such personnel is the Multi-purpose rehabilitation worker (MRW), working at the Taluk level.

By an act of the Parliament recently, Rehabilitation Council of India has been established. This Act states that organisations that deliver services for persons with disabilities, will employ only personnel that meets the Council's requirements for competence.

In 1995, the RCI (Rehabilitation Council of India) proposed to the Ministry of Social Justice and Empowerment the training of a new group of professionals, called Multi-purpose Rehabilitation Workers (MRW). The MRWs will receive 18 months of training and will be employed at the Taluk level - initially for a population of some 1,00,000 people. The RCI proposes that the MRWs will undertake the following tasks:

- Initiate contacts with communities and provide the information required on the CBR programme.
- Visit communities to advise them on the practical aspects of the CBR programme.
- Design, conduct, and evaluate courses to train community workers (facilitators).

- Assist in the development of multi-sectoral contacts, so that disabled people will be involved in mainstream rural development schemes, receive primary health care, education and ability training.
- Contact referral services, public authorities, or private organisations, regarding disabled people in need of diagnostic, therapeutic or rehabilitation services, and/or opportunities for assessment, schooling, vocational training, jobs, environmental interventions, etc., that cannot be provided at the community level.
- Monitor all aspects aimed at the legal protection of disabled people to ensure observance of their human rights and adequate representation of the disabled people and their families in all community affairs that are of special interest to them.
- Ensure appropriate monitoring of the CBR programmes of all communities in the district, and take steps to correct problems that become apparent on monitoring; report monitored information and data to higher levels, and respond to directives aimed at reprogramming or at other changes.
- Assist in cooperation with the local and district administration with the necessary administrative action to ensure smooth functioning of the programme.

Failure of Alternative Personnel strategies

There are other strategies for a service delivery system. It is often proposed to add the responsibilities for disabled people to an already existing category of personnel. For instance

health workers or social workers have been used on a part-time basis. This has been tried out in several countries, but unfortunately the experience of this option is rather negative for these reasons:

- The personnel chosen from one sector will often neglect or even be ignorant of how sectors outside of their own should be engaged to meet the needs of disabled people.
- The training costs are substantially higher, as often 8 - 10 times more personnel will have to be trained. There is most often lack of clear responsibility and dedication to the holistic approach, which includes wide responsibilities for the rehabilitation programme.
- The personnel will mostly not acquire sufficient experience.

b. State Activities

The detailed activities to be undertaken by each State, include initiation of training and employment of MRWs and provision of technical, material and administrative support needed by them. State Committees for co-ordination and execution will be set up in accordance with the Act. The State will, as provided for in the Act, appoint a State Commissioner for Persons with Disabilities with the purpose of promoting and protecting their human rights.

Concerning the training of MRWs and their employment, it is proposed to set up a training centre, that will educate the necessary personnel. This training centre should be located in a place where the students will have easy access to nearby communities, in which there is an ongoing CBR programme.

c. Principles of the Service Delivery System

To ensure a sustainable service delivery system, the following principles are important.

- At the **Panchayat level**, the local development committee or a special rehabilitation committee will manage the CBR programme. The Committee decides if and when the community will start a CBR programme, what resources to provide (such as employing and training a community facilitator), how to provide access to schemes for functional training, appropriate education, rural development, health, social welfare benefits, care and economic support
- At the **Taluk level** the MRW will be responsible for the information to community leaders, to persons with disabilities and their families about disability and what the community can do to provide services and opportunities using already available resources. The MRW will cooperate with personnel at PHC, education, labour, social welfare, rural development, NGOs and others, which will make services available and open opportunities for persons with disabilities.
- At the **district level**, a district rehabilitation officer will monitor and guide the work carried out at more peripheral levels. A report system will be set up to serve the State administration.

Members of the committee could be selected from among the community leaders, adults with disability and parents of children with disability and other interested people. It should be useful to include such local people, who could contribute to on-the-job-training programmes and employment for the

people with disability, who have been prepared for a productive role.

The community leadership should make available and facilitate inclusion of PWDs amongst the community members in all rural development schemes. In order to undertake necessary preparatory process, the CBR system proposes training and local employment of a community worker, in this document given the title of "Community Facilitator". The training of such a facilitator should be done by the MRW. When it comes to the remuneration (in cash or kind) of the facilitator, each Panchayat should decide how this would be done. It has been suggested that the Panchayat could use part of the rural development funds available to it. For instance, the Panchayat may decide to set aside an amount of Rs. 3,000 annually for the facilitator working in a population of some 5,000. The cost to the Panchayat level will in this example amount to about Rs. 60 per disabled person per year.

The State Committees mentioned above will monitor the outcomes of the programme and based on the results undertake such modifications as will be necessary.

d. Cooperation with Rural Development Schemes

Funds allotted by the Rural Development Department could be used for running CBR programme. Some examples are as under :

- a) The Union Ministry for Rural Development provides funds under Rojgar Yojana, that can be used for job training and wage employment of the PWDs.
- b) MP's local area Development fund could be allotted.

- c) A number of other schemes for employment, general rural development, housing, training, tool kits, training of rural youth for self-employment, access to capital for small enterprises etc.

4. Phases in the Development of a CBR Programme

It may be suggested to follow a stepwise development of a State CBR programme. These could be:

Phase 1 : Setting up of a development project, e.g. for 10,000 - 20,000 people. For this purpose, some rehabilitation professionals will be needed. They should be prepared by training in an existing successful CBR programme.

Phase 2 : Training of a group of MRWs for 18 months in accordance with the Rehabilitation Council Plan.

Phase 3: At the end of the course, the MRWs will be placed at the taluk level and employed.

Phase 4: The MRWs will meet the local Panchayats and present the programme. If the Panchayats decide positively about their involvement and make contribution to the programme, a community worker (facilitator) will be trained (for about 10 weeks by modules of 1 - 2 weeks).

Phase 5: Community workers start delivering services.

Phase 6: MRW provides supervision and liaison with referral services and other contacts.

Needs of People with Disability

The needs of PWDs are the same as for all other citizens. Most of the services they need can be effectively provided to

them through the public service system open to everyone. Some of the training must, however, be made on an individual basis. This concerns mostly what we call functional training in daily activities of living (eating, dressing, washing, etc.), mobility (including providing walking aids, appliances, etc.), communication, and behaviour. Such training will, in the CBR system, be carried out at home with the active participation of the PWD and the family. It serves to prepare them for their future participation in human development schemes, such as those available in India through the Ministry of Rural Development.

As regards education, most children with disability can attend regular schools. Adolescents are mostly able - with some environmental adjustments - to attend mainstream ability training.

In India there are, as already indicated above, a number of schemes designed to assist, especially the poor, to participate in development. The most important of the existing schemes is the one for rural development. More details will be described below to indicate how rural development can meet the needs of the disabled poor. In India provisions are already made for the participation of persons with disabilities in rural development.

Policies

India has ratified and/or participated in the formulation and approval of a number of conventions and resolutions of the United Nations. Among there are:

- The Convention on the Rights of the Child, 1989
- The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993
- The General Assembly Resolution on the Rights to Development, 1994

In these, the responsibilities of the State to provide services, opportunities and protect the human rights of persons with disabilities are clearly expressed.

The Indian Parliament has passed an Act concerning persons with disabilities called The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) act in 1995. This Act confirms the acceptance by the Government of India to comply with the above mentioned conventions and resolutions.

There are already a number of benefits and facilities for the persons with disabilities in India. These concern the education, health, labour, rural development, social welfare and other sectors. Implementation has unfortunately been tardy, mainly because of lack of a service delivery system.

Regarding the necessity to protect disabled people against human rights abuse, the Act has foreseen the setting up of an office of the Commissioner, in each State, who will receive and take action on the complaints.

Karnataka CBR Model

In accordance with the principles of the above system, a CBR Model had been prepared by Government of Karnataka.

According to this plan, the State initiates the training and employment of MRWs, and provides the technical, material and administrative support to them. Regarding the training of MRWs and their employment, it is proposed to set up a training centre, which will educate the necessary personnel. This training centre should be located in a place, where the students will have sufficient access to nearby communities, where there is an ongoing CBR programme.

The Table below shows the number of MRWs needed in order to eventually meet the basic needs of all the disabled people in the State.

The table shows that the present population of 45 million people will - assuming an annual growth rate of 2 percent - increase to 54 million by the year 2004. The present need is for 450 MRWs - assuming 1/1,00,000 population. In 2004, the need will grow to 528.

Projected Population growth in Karnataka 1995-2004, and calculations of need of MRWs

Year	Population lakhs	Need of MRWs 1/1,00,000 population
1995	45.0	450
1996	45.9	459
1997	46.8	468
1998	47.8	478
1999	48.7	487
2000	49.7	497
2001	50.7	507
2002	51.7	517
2003	52.7	527
2004	53.8	538

The objective of a State operated CBR programme would be to provide the resources eventually to meet the basic needs of all persons with disabilities in the State.

Below follows an outline of 2 options for development of personnel - one that assumes the training of 30 MRWs during the first 10 years (fig.2) and the other that assumes an increase to 60 MRWs from the third year onwards (fig.3).

Proposed Development of Service Provisions for Persons with Disabilities

Alternative 1

Year	District Served	New MRWs	Attrition 3%	Increase in MRWs	MRWs in Service	CBR District Officer	Total	% of needs met
1	2	30	-	30	28	2	30	6
2	4	30	1	29	55	4	59	12
3	6	30	2	28	81	6	87	17
4	8	30	3	27	106	8	114	22
5	10	30	4	26	130	10	140	27
6	12	30	4	26	154	12	166	31
7	14	30	5	25	177	14	191	35
8	16	30	6	24	199	16	215	38
9	18	30	7	23	220	18	238	42
10	20	30	8	22	240	20	260	45

In this alternative 45 % of the disabled population will be reached within 10 years after the start. Services will be available in all the 20 Districts during the 11th year.

Alternative 2

Year	District Served	New MRWs	Attrition 3%	Increase in MRWs	MRWs in Service	CBR District Officer	Total	% of needs met
1	2	30	-	30	28	2	30	6
2	4	30	1	29	55	4	59	12
3	6	60	2	58	111	6	117	24
4	10	60	4	56	163	10	173	34
5	14	60	6	54	213	14	227	44
6	18	60	8	52	261	18	279	53
7	20	60	9	51	309	21	330	61
8	20	60	11	49	358	21	379	69
9	20	60	13	47	405	21	426	77
10	20	60	14	46	451	21	472	84

With this alternative the population coverage will be a more satisfactory 84% at the end of the 10-year period. All districts will be reached during the 7th year.

Training of 30 MRWs

The Course Plan decided by the Rehabilitation Council will be followed. The initial training period concerns the first module + 10 months. Other modules totaling 5 months will follow during the fourth year.

Costs

1. Current expenditure for the Training Centre

Salary for 3 Master Trainers Rs 75,000 x3	2,25,000
Temporary Teachers	1,00,000
Salary, Secretary	25,000
Salary ,driver	24,000
Salary, cook	20,000
Salary, 2 kitchen helpers Rs. 10,000x2	20,000
Salary, 1 watchman	25,000
Salary, 1 manager	36,000
Stipends, 30 students x10 months Rs. 1,000	3,00,000
Office supplies, photocopying, postage etc.	1,00,000
Telephone	36,000
Utilities (water, electricity, heating)	36,000
Transportation (diesel, bus maintenance, insurance, tax etc)	1,00,000
Rent of buildings	3,00,000
Miscellaneous	1,28,000
SUB-TOTAL	15,00,000

2. Capital Budget for the Training Centre

Purchase of bus for 35 persons (for transportation of the students to the field), furniture, office equipment, equipment for exercises, tools for production of aids and simple equipment for disabled people, etc. This capital budget should suffice up to 60 MRW students.

All the students will be employed by the State Government after their examination, and placed in 2 districts. Each district will have 1 Technical Rehabilitation Officer. Each district will have about 14 MRWs employed. They will in their turn work with the local communities, as foreseen in the CBR system.

SECOND YEAR

1. Current expenditure for the Training Centre

As during year 1	14,72,000
Salary increase 10% of Rs. 5,00,000	50,000
Inflation as 10%	1,50,000

2. Current expenditure for employment of MRWs

Two District Technical Rehabilitation Officers	
Rs. 3,500x12x2	84,000
Travel allowance (Rs. 3,000 per year)	6,000

28 MRWs x Rs 3,000 per month x 12	10,08,000
Travel allowance Rs. 1500 per year x 28	42,000
Support to training Courses 28 x Rs.2,000	56,000

THIRD YEAR

The Training Centre will continue to receive 30 trainees per year.

1. Current expenditure for the Training Centre

As during year 2	16,72,000
Salary increase 10% of 5,00,000	50,000
Inflation 10%	1,70,000

2. Current expenditure for employment of MRWs

As during year 2, but expenditure will double(2 x 11,96,000)	23,92,000
Inflation @ 10%	2,39,200

ALTERNATIVE 2

The number of new MRW trainees at the Training Centre will be increased to 60 per year.

1. Current expenditure for the Training Centre Double as for alternative 1.

37,84,000

2. Current expenditure for employment of MRWs As above for alternative 1.	26,31,200
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Summary of proposed expenditure for the State Government during the first three years.

	Alternative I	Alternative 2
Year 1	50,00,000	50,00,000
Year 2	28,68,000	28,68,000
Year 3	45,23,200	64,15,200
TOTAL	1,23,91,200	1,42,83,200

FUNDING BY THE COMMUNITIES

In order to have a sustainable programme the CBR system proposes a process, which starts with information to the communities, and is followed by advice and assistance to a process that will lead to local involvement and responsibility for the programme.

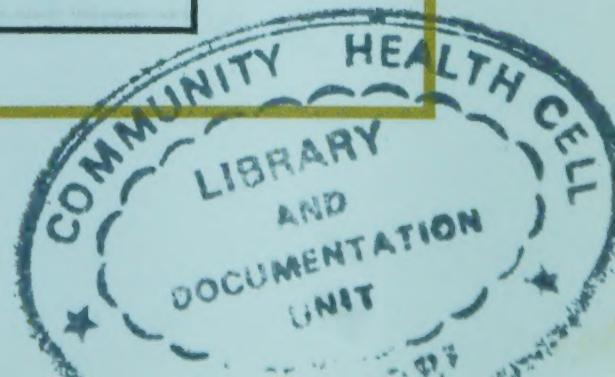
It is suggested that a mechanism for community micro-management of the CBR programme be created. This could either be a part of the responsibilities of an already existing Panchayat development committee or be a sub-committee of the rural development programme. Such a committee could either form an official part of the community administration or be a NGO. Members of the committee could be drawn from among the community leaders, disabled adults and parents of disabled children and other interested people. It should be useful to include such local people, who could contribute to on the job training programmes and employment for those disabled people, who have been prepared for a productive role.

It will then be necessary to discuss what contributions could come from the community. First of all the community leadership should make available and facilitate the inclusion of disabled community members in all rural development schemes. In order to facilitate the preparatory process and the success of the efforts to arrange for the inclusion of people with disabilities in mainstream development programmes, the CBR system proposes the training, and local employment of a community worker, in this document given the title of "Community Facilitator". The training of such a facilitator should be done by the MRW. When it comes to the remuneration of the facilitator each Panchayat should decide how this would be done. It has been suggested that the Panchayat could use part of the rural development funds, available to it. For instance, the panchayat may decide to set aside an amount of Rs 3,000 annually for the facilitator working in a population of some 5000 persons. The cost to the Panchayat will be about Rs 60 per disabled person per year.

The following table sums up the number of persons with disabilities (PWDs) who will be offered services from the second year onwards (assuming the training of MRWs will start during the first year). In the second column the table shows the number of MRW's working in the districts. The third column shows how many community facilitators that will have been trained, and finally the last column shows the costs to the panchayats, assuming that each panchayat with an average population of 5,000 will set aside Rs. 3000 annually for the CBR Programme.

Table: Expected number of PWD's receiving services, number of personnel at State, district and panchayat levels.

Year	PWD given service		MRW		Panchayats		Cost in Rs. Lakhs	
	Alt1	Alt2	Alt1	Alt2	Alt 1	Alt2	Alt 1	Alt2
2	28,000	28,000	28	28	560	560	16.8	16.8
3	55,000	55,000	55	55	1100	1100	33.0	33.0
4	81,000	111,000	81	111	1620	2220	46.6	66.6
5.	96,000	163,000	96	163	1920	3260	57.6	97.8
6.	1,20,000	213,000	120	213	2400	4260	72.0	127.8



Epilogue

This is not a piece of fiction with predictable conclusions or pat solutions. We hope that it serves as a comprehensive guide to understanding the implementation, efficacy and long-term benefits of CBR. The statistics and data provided are accurate as of now, but these will have to be revised/upgraded periodically. The dynamics of change are evident everywhere and as CBR becomes a global phenomena, integration of people with disability will become a reality. We have tried to encompass the milestones achieved, the problem areas, national programs implementing CBR and so on.

Sharing and cooperation are the foundations upon which CBR is built. This was amply demonstrated by the assistance we received while compiling and editing the book. We thank all the organizations and individuals for their valuable contributions.

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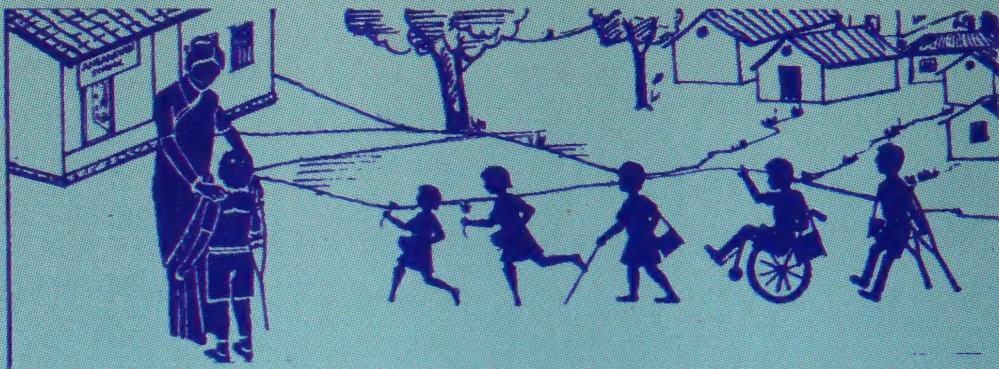
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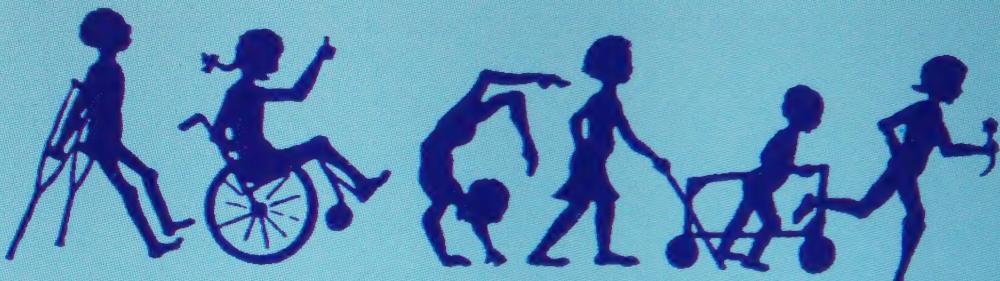
- * **Dr. Einar Helander**
*International Institute for Rehabilitation
Management*
- * **Smt. Indumathi Rao**
*Regional Coordinator
CBR Network (South Asia)*
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A step forward



SOUTH ASIAN CBR NETWORK'S NATIONAL NETWORK PARTNERS INDIA

National Coordinator

134, 1st Block, 6th Main, BSK 3rd Stage, Bangalore - 560 085

(0091-080-6691121 Fax : 0091-080-6790273

E-mail : cbrnet@vsnl.com Website : <http://www.cbrnet.com>

NEPAL

National Coordinator

PO Box 6757, Kathmandu, Nepal

(977-11-61666

E-mail : fodhrdc@wlink.com.np

SRILANKA

National Coordinator

61, Mulgampola Road, Kandy

(0094-08-234511

E-mail : wdc@slt.lk

BANGLADESH

National Coordinator

NFOWD, # 8/12, Block A

Lalmatia, Dhaka

(: 880-2-400690

E-mail : nfowd@bdmail.net

PAKISTAN

National Coordinator

9-A, Street No. 30, Sector F-8

Islamabad

(: 0092-51-255528

E-mail : asmas@packages.com.pk